TOWN OF SOUTHAMPTON

Department of Land Management Building and Zoning Division 116 HAMPTON ROAD SOUTHAMPTON, NY 11968

Phone: (631) 287-5700 **Fax:** (631) 287-5754



KYLE P. COLLINS, AICP
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA
CHIEF BUILDING INSPECTOR

SIGN PERMIT RENEWAL

Parcel's Suffolk County Tax N	map # 47 0000 (000)	Section	Block	Lot
ocation of subject proper	ty: (Provide unit ı	no., bldg. no., Su	ite #, if appl	icable) #
umber Street		Hamlet		Zip Code
Check here if this appl §330-205.I.	ication did include a	a request for a "tem	porary busin	ess sign" as permitte
. Sign Name/Identification	(the business name)	:		
. Business entity's legal n	ame/ Mailing Addr	ess/Phone#: ()	
. Erecting contractor/entity	/ .			
Contractor or person who vecopy of a NYS Workers Co			-200). (<u>ACOR</u>	<u>D</u> prohibited)
Phone#	Name:			
Address				
SIGN TYPE:				
Free standing types:	single side			
		_double sided		
_	double pole		nonument	
Wall			nonument	
 Wall	double pole e permitted, or by zo rate Building Permit	_ single polen oning variance) may be required)		
Wall Window (unless exempt) Roof/Parapet (only where Awning or Canopy (sepa	double polee e permitted, or by zo rate Building Permit	_ single polen oning variance) may be required)		

5.	FEE*				
	(\$50.00 min) Note: Round area to the nearest whole sq. ft.: ex. 19.49 = 19sf, and 19.50 = 20sf) *Double fee for maintaining signs that exist illegally				
	1) AREA of signsf X \$5/sf = \$				
	2) If sign erected/modified without permit, multiply item "1" above x 2 = \$				
	3) Temporary Business Sign Add \$50.00 (only if applicable) = \$				
	4) TOTAL FEE (add amounts from items "1", "2" & "3" above) = \$				
6.	Applicant's Affidavit				
	APPLICATION IS HEREBY MADE to the Building Division for issuance of a Sign Permit pursuant to the Southampton Town Zoning Ordinance, Chapter 330-200 through 330-220, and all amendments thereto. The Business Owner/Applicant and his/her authorized agent agree to comply with all applicable laws, ordinances and regulations governing the erection of signs.				
	STATE OF NEW YORK, COUNTY OF SUFFOLK				
	Individual/Corporation Name (if applicable):				
	Name and Title (president, member, etc):				
	Telephone Number: ()				
	Address				
	Please check one: □ Business owner only, as applicant □ Property owner only, as applicant □ Property owner as occupying business owner, as applicant □ An agent retained as applicant (Provide identification on separate letterhead)				
	being duly sworn, deposes and states that he/she is the applicant above named, and that:				
	1) If not the applicant, the person or entity responsible for requesting all required sign inspections is:				
	Name/entity /address/ tel				
	TEL. ()				
	2) There are no changes to the design as originally approved.				
	Applicant's Signature				
	day of 201				
	(Notary Signature and stamp)				